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APPLICATION OF USER STREPTOMYCIN IN THE ULCEROUS-BUBONIC FORM OF HUMAN TULAREMIA

G. P. Uglovoy, Moscow

Research on new methods for treating human tularemia is being continued at present, because the existing methods are not sufficiently effective. Serum therapy of tularemia, which has been studied in the USSR since 1934 by L. M. Khatenever, L. A. Levchenko, and, later on, by N. K. Grzhebina, N. P. Popov, G. P. Rudnev, and others, did not prove satisfactory, despits the fact that it is being recommended by American physicians. This method of treatment is no longer used. Vaccine therapy, developed during World War II by L. M. Khatenever, Ye. M. Tsvetkova, N. A. Gayskiy, G. P. Rudnev, and A. F. Bilibin, is more effective than serum therapy. However, vaccine therapy still does not represent a radical solution of the problem of treating tularemia. Application of penicillin and sulfa drugs likewise does not assure success of the therapy.

Following results obtained by Ye. M. Tsvetkova, who carried out in vitro and in vivo experiments (the latter on white mice) in our laboratory, treatment with streptomycin of patients suffering from the ulcerous-bubonic form of the disease was found to be successful. On the basis of experience pertaining to seven clinical cases, the system of treatment and dosages accepted by us (5 million units for one course of treatment) for treating this form of the disease must be regarded as adequate, provided the treatment is started at an early enough stage. All patients on the second or third day showed both subjective and objective improvement (drop of temperature, improvement of sleep and appetite, reduction or disappearance of pain in the jumphatic nodes). If treatment with straptomycin has been started early, there is rapid retrogression of the swelling of lymphatic nodes that has been produced by inflammation. If treatment has been started late (later than the 32 week of the disease), retrogression of the bubo does not take place. The bubo may then sclerotize or become purulent. However, postoperational wounds in such cases granulate much more rapidly (within 7-10 days) than in cases of patients treated by other methods. When administered in the dosages involved, streptomycin does not suppress the immunobiological reactions of the organism. Our patients also did not exhibit any accompanying toxic phenomena. Our data indicate that it is advisable to subject to further study the question of applying streptomycin for treating other forms of human tularemia as well.

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